

Symptom Response Report



PATIENT ID 1521	AGE -1	GENDER -1
INTERVIEW SOURCE	INTERVIEW DATE 05/04/2018	

Module Name	QID	Seq_ID	Question Text	Response	Comments
Depressive Disorders	95	1.1.1.Q1	Now I'd like to ask you some questions about your mood. In the past two weeks, how often have you felt sad, down, or depressed, with the down feeling lasting most of the day?	More than half the days	
	97	1.1.2.Q1	In the past two weeks, how often have you felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?	Several days	
	99	1.1.3.Q1	In the past 2 weeks, how often have you felt bored, or like nothing was fun, for most of the day?	Several days	
	101	1.1.3.Q3a	You said that in the past two weeks for most of the day you felt sad or down. When did this begin?	Month:June / Year:2017	
Bipolar Disorders	116	1.2.1.Q1	In the past two weeks, how often, without using drugs, did you feel like you were high or super happy for no particular reason, with the over the top good feeling lasting four or more hours?	Rarely	
	118	1.2.2.Q1	In the past two weeks, how often have you lost your temper and done any of the following things: yelled at someone, thrown or broken something, or	Not at all	

			hit, pushed or kicked someone?		
	121	1.2.4.Q1	In the past two weeks, how often have you needed less sleep than usual, and still felt rested and energized, sleeping at least three hours less than usual?	Several days	
Psychosis	130	1.4.1.Q1	In the past two weeks, how often, during the daytime, as you were going about your regular activities, did you hear things that others could not hear? (ask for example to check if description is true hallucination; if not, mark 'not at all')	Several days	
	134	1.4.2.Q1	In the past two weeks, how often have you felt that people you did not know were out to get you, were following you, or spying on you?	Not at all	
Panic Disorder	141	1.5.1.Q1	In the past two weeks, have you had any panic attacks where for no reason at all you suddenly felt super scared and like you were having a heart attack?	Not at all	
Agoraphobia	146	1.6.1.Q1A	Buses	Not at all	
	147	1.6.1.Q1B	Trains	Not at all	
	148	1.6.1.Q1C	Subways	Not at all	
	149	1.6.1.Q1D	Open Spaces	Not at all	
	150	1.6.1.Q1E	Bridges	Not at all	

	151	1.6.1.Q1F	Shops	Not at all	
	152	1.6.1.Q1G	Theatres	Not at all	
	153	1.6.1.Q1H	Malls	Not at all	
	154	1.6.1.Q1I	Crowds	Not at all	
	155	1.6.1.Q1J	Standing in lines	Rarely	
	156	1.6.1.Q1K	Being out of the house alone	Not at all	
	145	1.6.1.Q1	In the past two weeks, how often have you avoided any of the following places because they make you super anxious? Mark all that apply.		
Separation Anxiety	160	1.7.1.Q1	In the past two weeks, how often have you felt super upset when your mom, dad, or another caregiver left the house or dropped you off somewhere?	Not at all	
	162	1.7.2.Q1	In the past two weeks, how often have you tried to stay home or actually stayed home from school because you wanted to be with your mom, dad, or another caregiver?	Not at all	
Social Anxiety Disorder	167	1.8.1.Q1	In the past two weeks, how often have you felt super shy and really uncomfortable in different social situations?	Several days	

Specific Phobia	176	1.9.1.Q1a	The dark	Yes	
	177	1.9.1.Q1b	Spiders	No	
	178	1.9.1.Q1c	Heights	Yes	
	179	1.9.1.Q1d	Animals	No	
	180	1.9.1.Q1e	Elevators	No	
	181	1.9.1.Q1f	Bridges	No	
	182	1.9.1.Q1g	Flying	No	
	183	1.9.1.Q1h	Seeing blood	No	
	184	1.9.1.Q1i	Receiving an injection	Yes	
	185	1.9.1.Q1J	Other (if Yes specify)		
	175	1.9.1.Q1	Mark below the things you currently or in the past felt deathly afraid of and that always or almost always made you super anxious:		
	186	1.9.2.Q1	Over the past two weeks, how often have you avoided or tried to avoid the dark, heights or receiving an injection?	Rarely	

Generalized Anxiety Disorder	198	1.10.1.Q1	In the past two weeks, how often have you worried a super lot about a lot of different things?	Several days	
Obsessive Compulsive Disorder	203	1.11.1.Q1A	Thoughts or images about harming others or doing something horrible when you didn't want to	Past 2 weeks~No, Ever~No,	
	204	1.11.1.Q1C	Meaningless words, numbers, or images that intrude into your mind that you can't get rid of	Past 2 weeks~Yes, Ever~Yes,	
	205	1.11.1.Q1D	Religious thoughts that are disrespectful or offensive	Past 2 weeks~No, Ever~No,	
	206	1.11.1.Q1E	Thoughts that things had to be lined up exactly right or done a special way	Past 2 weeks~Yes, Ever~Yes,	
	207	1.11.1.Q1F	Worries about throwing seemingly unimportant things away	Past 2 weeks~No, Ever~No,	
	208	1.11.1.Q1G	Thoughts about dirt, germs or contamination	Past 2 weeks~No, Ever~No,	
	209	1.11.1.Q1H	Other recurring unwelcome senseless distressing thoughts (specify)	,	
	202	1.11.1.Q1	Have you ever had any of the following unwelcome, senseless, distressing thoughts come into your mind over and over again, even though you didn't want to have them? Mark all that apply. DO NOT RATE THOUGHTS ABOUT GERMS OR OTHER UNWELCOME SENSELESS THOUGHTS AS TRUE IF THESE THOUGHTS ONLY OCCURRED IN RELATION TO THE COVID-19 PANDEMIC.		
	1858	1.11.1.Q11a	On how many days the past	Several days	

			two weeks have you had these thoughts?		
	1859	1.11.1.Q11b	How often did you have these thoughts back then?	More than half the days	
	212	1.11.2.Q1A	Excessive or ritualized cleaning of household or other items	Past 2 weeks~No, Ever~No,	
	213	1.11.2.Q1B	Excessive hand washing	Past 2 weeks~No, Ever~No,	
	214	1.11.2.Q1C	Excessive or ritualized showering, bathing, tooth brushing, or toilet routine	Past 2 weeks~No, Ever~No,	
	215	1.11.2.Q1D	Ordering or arranging things a certain way	Past 2 weeks~No, Ever~No,	
	216	1.11.2.Q1F	Touching things a certain way	Past 2 weeks~No, Ever~No,	
	217	1.11.2.Q1G	Needing to count and recount	Past 2 weeks~Yes, Ever~Yes,	
	218	1.11.2.Q1H	Moving in a certain way or repeating certain actions	Past 2 weeks~Yes, Ever~Yes,	
	219	1.11.2.Q1I	Mentally repeating certain words or numbers	Past 2 weeks~No, Ever~No,	
	220	1.11.2.Q1J	Other repetitive behaviors that interfere with your life (specify)	,	
	211	1.11.2.Q1	Have you ever found yourself having to do over and over again any of the things listed below? Mark all that apply. DO NOT RATE THE BEHAVIORS OF CLEANING OR HAND WASHING AS TRUE IF THESE BEHAVIORS		

			ONLY OCCURRED IN RELATION TO THE COVID-19 PANDEMIC.		
	1860	1.11.2.Q11a	On how many days the past two weeks have you had to do these things over and over?	More than half the days	
	1861	1.11.2.Q11b	How often did you have these thoughts back then?	Not at all	
Enuresis and Encopresis	222	1.12.1.Q1	In the past two weeks, how many times at night or during the day have you wet yourself?	Not at all	
	245	1.12.5.Q1	In the past two weeks, how many times at night or during the day have you soiled yourself and had a bowel movement in your pants?	Not at all	
Eating Disorders	254	1.13.1.Q1	These next set of questions are about your eating habits and your feelings about your shape and weight. In the past two weeks, how often have you been preoccupied with your weight or worrying a lot about being fat?	Not at all	
	259	1.13.3.Q1	In the past two weeks, how many days have you made yourself throw up to try to control your weight or because you were upset that you ate too much?	Not at all	
	261	1.13.4.Q1	In the past two weeks, how many days did you do other things to control your weight, like exercise excessively, restrict what you ate, take laxatives, or diet pills?	Not at all	
	263	1.13.5.Q1	In the past two weeks, how often have you had eating binges, when you lost control of your eating and ate way more than you needed, because you	Not at all	

			were unable to stop yourself from eating?		
Attention Deficit Hyperactivity Disorder	280	1.14.1.Q1	In the past two weeks, how often have you had trouble paying attention and keeping focused when you're working on your homework or other things that require concentration?	Nearly every day	
	281	1.14.1.Q2	Have you had trouble paying attention and staying focused since the time you were in elementary school or earlier?	Yes	
	284	1.14.2.Q1	In the past two weeks, how often have little distractions, like someone talking or the telephone ringing, made it hard for you to keep your mind on what you were working on?	Nearly every day	
	285	1.14.2.Q2	Have you gotten easily distracted since the time you were in elementary school?	Yes	
	288	1.14.3.Q1	In the past two weeks, how often have you had trouble staying in your seat at school or at home when you were expected to stay seated?	Nearly every day	
	289	1.14.3.Q2	Have you had trouble staying in your seat since the time you were in elementary school or earlier?	Yes	
	292	1.14.4.Q1	In the past two weeks, how often have you gotten in trouble, or done something you could have gotten in trouble for because you were impulsive and acted before you thought?	Not at all	
	306	1.14.4.Q5k	You said that you have had a time when you had a lot of trouble keeping focused and paying attention; were often easily distracted; and often had	age:5	

			trouble staying seated. How old were you when the first of these problems began?		
Oppositional Defiant Disorder	311	1.15.2.Q1	In the past two weeks, how often did you talk back to or argue with your parents or teachers?	Several days	
	313	1.15.3.Q1	In the past two weeks, how often did you refuse to do something a grown up asked you to do?	Rarely	
Conduct Disorder	318	1.16.1.Q1	In the past two weeks, how often have you told a lie, not just to get out of trouble, but to try to con someone?	Not at all	
	320	1.16.2.Q1	In the past two weeks, how often did you cut school without the permission of your parents?	Not at all	
	323	1.16.3.Q1	In the past two weeks, how often did you get into physical fights with someone other than your siblings?	Not at all	
	327	1.16.4.Q1	In the past two weeks, how often have you made fun of, threatened, or bullied someone?	Not at all	
	329	1.16.5.Q1	In the past two weeks, how often did you steal something worth at least \$20?	Not at all	
Tic Disorders	362	1.17.1.Q1	In the past two weeks, how often did you have tics like uncontrollable eye blinking, shoulder shrugging, head tilting, or other parts of your body moving unexpectedly when you did not want them to?	Nearly every day	
	364	1.17.2.Q1	In the past two weeks, how often did you repeatedly make sounds or say words that you couldn't control?	Rarely	

	366	1.17.2.Q3a	You said that you have had a time when you often had unexpected tics or body movements. When did this begin?	Month:January / Year:2013	
Alcohol Use Disorder	389	1.19.1.Q1	What are your favorite alcoholic beverages to drink? Check all that apply.	Don't drink alcohol,	
Drug Use Disorders	402	1.20.1.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No	
	403	1.20.1.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine, cathinones/bath salt)	Yes	
	404	1.20.1.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No	
	405	1.20.1.Q1D	Cocaine (coke, crack)	No	
	406	1.20.1.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No	
	407	1.20.1.Q1F	Other Hallucinogens (LSD, mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)	No	
	408	1.20.1.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No	

	409	1.20.1.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	No	
	410	1.20.1.Q1I	Other Drugs (fill in) (e.g., steroids, etc).		
	401	1.20.1.Q1	Check below the drugs any of your friends use:		Most of my friends use bath soap to bathe in. If that's what you mean.
	412	1.20.2.Q1A	Marijuana (pot, weed, hash, THC, blunts, synthetic marijuana/K2/Spice, marijuana edibles, concentrates such as dabs or shatter)	No	
	413	1.20.2.Q1B	Stimulants (e.g., Ritalin, Adderall, ephedrine, speed, uppers, amphetamines, dexedrine, diet pills, crystal meth, methamphetamine, cathinones/bath salt)	No	
	414	1.20.2.Q1C	Sedatives/Hypnotics/Anxiolytics (Barbiturates (sedatives, downers), Benzodiazepine, Quaalude (ludes), Valium, Librium, Xanax, GHB)	No	
	415	1.20.2.Q1D	Cocaine (coke, crack)	No	
	416	1.20.2.Q1E	Opioids (heroin, OxyContin morphine, codeine, methadone, Demerol, Percodan)	No	
	417	1.20.2.Q1F	Other Hallucinogens (LSD,	No	

			mescaline, peyote, DMT, salvia, psilocybin, magic mushrooms, ecstasy/molly/MDMA, morning glory seeds)		
	418	1.20.2.Q1G	Tobacco (tobacco cigarettes, electronic cigarettes, vape pens, e-hookah, hookah, cigars, and smokeless tobacco/chew/snuff)	No	
	419	1.20.2.Q1H	Solvents/Inhalants (liquids, sprays or gases that you sniff or inhale, such as glue, gasoline, ether, paint, nitrous oxide, whippits, or poppers)	No	
	420	1.20.2.Q1I	Other Drugs (fill in) (e.g., steroids, etc).		
	411	1.20.2.Q1	Check below the drugs you have tried one or more times:		
Post-Traumatic Stress Disorder	502	1.21.1.Q1A	A car accident in which you or another person in the car was hurt bad enough to require medical attention	No	
	503	1.21.1.Q1B	Significant accident or medical condition, including coronavirus, for which you needed specialized, intensive, or painful medical treatment	No	
	504	1.21.1.Q1C	Witness or caught in a fire that caused significant property damage or personal injury	No	
	505	1.21.1.Q1D	Witness or caught in a natural disaster that caused significant property damage or personal injury	No	
	506	1.21.1.Q1E	Witness or victim of a school shooting or other act of terrorism	No	
	507	1.21.1.Q1F	Witness death or mass	No	

			destruction in a war zone		
	508	1.21.1.Q1G	Witness someone shot or stabbed in the community	No	
	509	1.21.1.Q1H	Shot, stabbed, or beat badly by a non-family member	No	
	511	1.21.1.Q1J	Beaten to the point of having bruises or had a more serious injury caused by a grown-up in the home	No	
	514	1.21.1.Q1M	Witness the grown-ups in the home push, shove or hit one another	No	
	517	1.21.1.Q1P	A peer forced you to do something sexually	No	
	518	1.21.1.Q1Q	Learned about the life-threatening illness or sudden unexpected death of a loved one due to coronavirus, cancer, violence, or other cause	Yes	
	501	1.21.1.Q1	Please check off the things from the list below that have happened to you in your lifetime.		
	537	1.21.1.Q2Q	Learned about the life-threatening illness or sudden unexpected death of a loved one due to coronavirus, cancer, violence, or other cause	Month:April / Year:2016 / Happened:My grandfather died by having a heart attack. He and my grandma tried to unite the dog and cat. The cat was my grandfather's best pal. It didn't go well. The cat and dog started fighting. Then he tried to break it up. And had a heart attack. The cat died,	

				so did my grandfather.	
	520	1.21.1.Q2	You answered yes to the following bad events. Could you describe what happened, if you are comfortable doing so? If you are not comfortable talking about it, just enter the date and press the next button.		
	539	1.21.2.Q1	[1] In the past two weeks, how often have you tried not to think about the bad thing or things that happened?	More than half the days	
	541	1.21.26.Q1	[1] In the past two weeks, how often have you gotten super upset when you thought about the bad thing or things that happened?	Several days	
	543	1.21.3.Q1	[1] In the past two weeks, how often did you have any nightmares?	Several days	
	551	1.21.3.Q3g	[1] You said that you have had a time when you tried a lot to avoid both thinking about the trauma, had a lot of nightmares, and often got super upset when you thought about what happened. When did this begin?	Month:March / Year:2018	
Sleep Problems	552	1.22.1.Q1	In the past two weeks, how often did you have trouble falling asleep or staying asleep when you were tired and wanted to sleep?	More than half the days	
	553	1.22.1.Q2	When did this begin?	Month:September / Year:2017	
Selective Mutism	171	1.25.1.q1	In the past two weeks, how often were you unable or unwilling to talk in school or other social situations?	Several days	

